

Issue Classification

<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between;"> (Assistant Examiner) (Date) </div>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> </div> <div style="text-align: center;"> TAOFIQ SOLOLA PRIMARY EXAMINER </div> <div style="display: flex; justify-content: space-between;"> (Primary Examiner) (Date) </div>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> <div style="text-align: right; font-weight: bold;">Total Claims Allowed:</div> <div style="text-align: center; font-size: 24px;">12</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> </div> <div style="text-align: center;"> O.G. Print Claim(s) </div> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> </div> <div style="text-align: center;"> O.G. Print Fig. </div> </div> </div>
<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between;"> (Legal Instruments Examiner) (Date) </div>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> </div> <div style="text-align: center;"> TAOFIQ SOLOLA PRIMARY EXAMINER </div> <div style="display: flex; justify-content: space-between;"> (Primary Examiner) (Date) </div>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> <div style="text-align: right; font-weight: bold;">Total Claims Allowed:</div> <div style="text-align: center; font-size: 24px;">12</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> </div> <div style="text-align: center;"> O.G. Print Claim(s) </div> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"> </div> <div style="text-align: center;"> O.G. Print Fig. </div> </div> </div>

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA					<input type="checkbox"/> T.D.					<input type="checkbox"/> R.1.47				
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original			
	1			31			61			121			151			181			
	2			32			62			122			152			182			
	3			33			63			123			153			183			
	4			34			64			124			154			184			
	5		1	35			65			125			155			185			
	6		2	36			66			126			156			186			
	7		3	37			67			127			157			187			
	8		4	38			68			128			158			188			
	9		5	39			69			129			159			189			
	10			40			70			130			160			190			
	11		7	41			71			131			161			191			
	12		8	42			72			132			162			192			
	13			43			73			133			163			193			
	14		9	44			74			134			164			194			
	15		10	45			75			135			165			195			
	16		11	46			76			136			166			196			
	17		12	47			77			137			167			197			
	18		6	48			78			138			168			198			
	19			49			79			139			169			199			
	20			50			80			140			170			200			
	21			51			81			141			171			201			
	22			52			82			142			172			202			
	23			53			83			143			173			203			
	24			54			84			144			174			204			
	25			55			85			145			175			205			
	26			56			86			146			176			206			
	27			57			87			147			177			207			
	28			58			88			148			178			208			
	29			59			89			149			179			209			
	30			60			90			150			180			210			